Weekly BDDS Meeting for Case Managers and Providers May 6, 2020

To view captioning for today's meeting, please use the following link link (also available in the chat box)

https://www.streamtext.net/player?event=LUNA



Welcome and Today's Agenda

- Introductions
- DDRS Goals for COVID-19 Efforts
- Supporting Individuals with Social Distancing
- Updates on Policy Guidance
- Next Steps



DDRS Goals for COVID-19 Efforts

Help prevent the spread of COVID-19 and keep people alive

Operationalize flexibilities

Provider network maintained

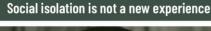
Empower person-centered decision-making for self-advocates, families, case managers, and providers



Image by: McChrystal Group & NASDDDS









for people with intellectual disabilities.

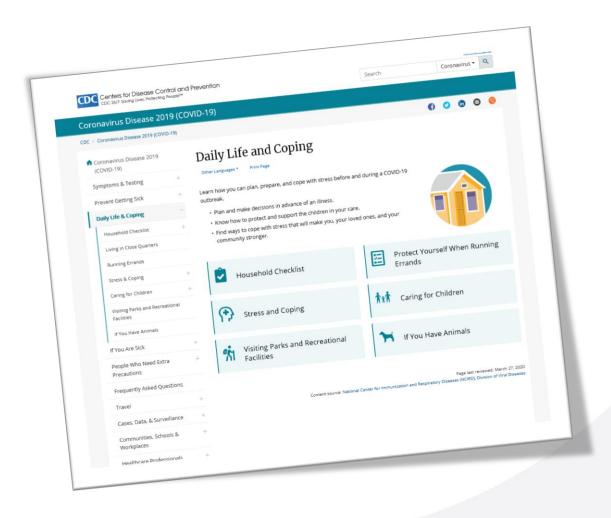
- THANK YOU for being creative!
- As recommendations for social distancing continue -social isolation becomes a more significant issue for people with disabilities and their families

Unfortunately, we still receive feedback like:

"[w]e have providers who won't allow individuals to visit their families, go for a walk, or even go outside. Many individuals are struggling. What are teams supposed to do?"



https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/index.html





















Integrated Supports

People need supports to lead good lives. Using a combination of lots of different kinds of support helps to plot a trajectory toward an inclusive, quality, community life. This tool will help families and individuals think about how to work in partnership to support their vision for a good life.

Technology

Personal Strengths & Assets

Relationships

Use the individuals strenghts and assets to stay connected with their friends and family in creative ways and do activities that bring joy.

Explore ways to use the current technology the individual has access to and/or work with local resources bring new technology to them.

YouTube Social Media Online communities Smart phone apps

Create artwork Write stories Create videos Write cards Journal Make jewelry

> Social Distancing

Create avenues and a routine to have contact with important people in their life, this can be through:

> Phone calls Video chat Letters/Cards Mail Porch delivery

Take advantage of current free virtual options. Go outdoors when Access telemedicine, remote work weather permits.

Take a walk Paint/chalk sidewalk Ride a bike Throw the ball in yard Go on a scavenger hunt Build a garden Virtual theme parks Virtual art classes/theater Virtual concerts

Virtual exercise classes

and/or remote learning when possible. Use mental health resources to work through feelings of anxiety/fear/isolation

> Virtual therapy Virtual classrooms Virtual work/meetings Virtual health care

> > **Eligibility Specific**

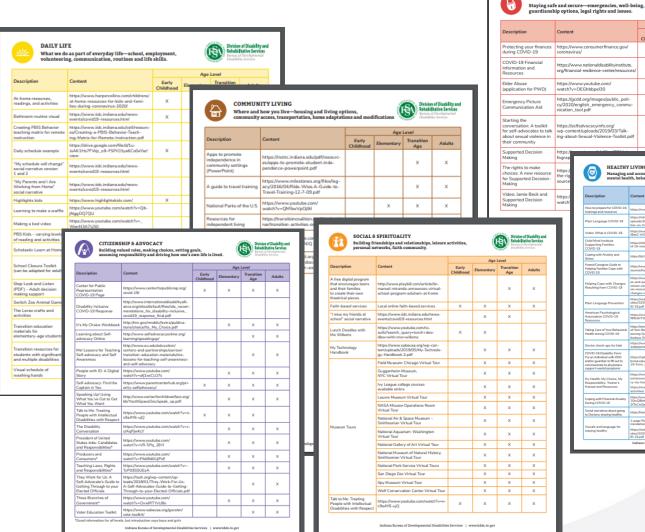
Access the LifeCourse framework and tools at lifecoursetools.com

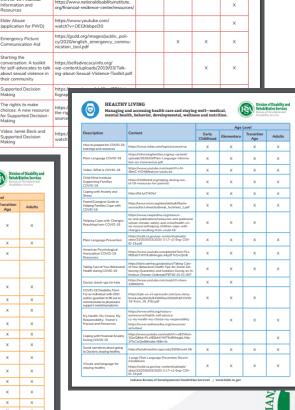
Developed by the UMKC Institute for Human Development, UCEDD, More tools and materials at lifecoursetools con



SAFETY & SECURITY

Resource Toolkits





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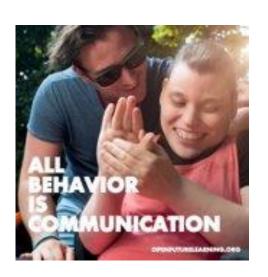


- IST's are encouraged to meet (by phone or virtually) early and often to ensure plans are in place to address the needs of those supported.
- Teams should work proactively on educating and modeling proper social distancing and exploring options to address each individual's situation.
- If the individual has behavior support services, the BC would be an integral part of addressing these issues.



When You Must Isolate

- Maintain Important Relationships
- Behavior Support Services
- Social Narratives
 - IIDC Social Narratives
 - Hands in Autism Social Narratives on COVID-19 and Staying Healthy
- Video Stories
- Activities to stay engaged and busy
- Visual Schedule
- Practice use of masks
- COVID-19 Information By and For People with Disabilities
- DSP Toolkit



Social Distancing Resources

- Self-Advocates of Indiana- www.saind.org
- Child Mind Institute: Supporting Families During COVID-19
- Indiana Institute on Disability and Community (IIDC)
- Family or Disability Specific Organization



Updates and Discussion: Visitor Policy / Restrictions

- With the lifting of the Stay at Home order, we've seen an increase of questions/concerns related to visitor restrictions.
- Guiding Principle/Goal: Empower person-centered decision-making for self-advocates, families, case managers, and providers
- How to do this:
 - Follow current guidance see next slides
 - Work as a team and with the household to identify expectations in relation to visitors, and the general coming and going from their home during the COVID-19 implemented recommendations for social distancing or isolating measures practiced as a result of the Governor's emergency declaration.

Updates and Discussion: Visitor Policy / Restrictions

BDDS temporary policy changes related to COVID-19 FAQ

INCIDENT REPORTING GUIDANCE

Please clarify the temporary timing changes for when incidents should be reported as Report to BQIS.

BDDS has extended the timeline for reporting incidents to 48 hours from incident occur reporter becomes aware of occurrence, except in the following circumstances:

- Incidents related to alleged abuse, neglect or exploration must still be reported wit from incident occurrence or point reporter becomes aware of occurrence;
- Incident reports should be filed within 24 hours when participant is presumed posit
 Presumed positive means individuals with at least one respiratory specimen the for the virus that causes COVID-19 at a state or local laboratory.

Please clarify what should be reported relating to an individual and COVID-19.

If an individual is presumed or tested positive of COVID, an Incident Report should be si
is requesting incident reports be filed within 24 hours when a participant is presumed p
COVID-19. Presumed positive means an individual has at least one respiratory specime
positive for the virus that causes COVID-19 at a state or local laboratory.

Incident reports are not required when a person has symptoms of COVID-19, unless an report category applies (such as an emergency intervention or event with the potential significant harm or injury and requiring medical or psychiatric treatments or services). Incident reports are not required for COVID-19 related service/site closures/suspension restrictions, ourantine measures without a COVID-19 positive test, or other chanses in

Even though these are not required to be reported as incident reports, BDDS and BQIS providers to inform and update everyone who is a part of the individualized support ter situation involving an individual, including quarantine measures, restrictions, etc., as we all changes.

Please continue to submit IRs as appropriate for non-related COVID-19 incidents.

SUSPENSION OF NEW PROVIDERS

Does the information indicating no new service provider refer to adding a new provid individual? Such as individual wants a new RHS provider?

No. An individual with the FSW or CIH can choose a new currently enrolled provider at has temporarily suspended enrollment of new HCBS Medicaid service providers for the waivers.

BDDS Temporary Policy Change Related to COVID-19 FAQ, as of 04/03/20

Guidance for BDDS Providers on Temporary Policy Changes Related to COVID-19 and Appendix K, As of April 3, 2020

The Office of Medicaid Policy and Planning is preparing to submit Indiana's Appendix K: Emergency Preparedness and Response waiver amendments to the following Indiana Medicaid Home and Community Based Services waivers: the Family Supports Waiver and the Community Integration and Habilitation Waiver to the Centers for Medicare and Medicaid Services for approval. If approved, these temporary Appendix K waiver amendments will have a March 1, 2020, effective date.

Indiana Division of Disability and Rehabilitative Services and Bureau of Developmental Disabilities Services prepared the FSW and CHH Appendix K waiver amendments in response to the emergence and spread of Coronavirus disease (COVID-19) and the serious health risk it poses to Indiana's intellectual and developmental disabilities population. Governor Eric Holcomb declared a statewide public health emergency on March 6, 2020 related to the spread of COVID-19 in Indiana.

In advance of CMS' final approval, BDDS is implementing the following guidance and temporary changes to help mitigate the disruption this statewide public health emergency is anticipated to have on standard modes and methods for service delivery to BDDS participants. These temporary changes are effective retroactively to dates of service on or after March 1, 2020. These temporary changes will remain in effect through the current public health emergency, including a small period after to allow the system to transition to pre-COVID-19 operations.

PROVIDER CLOSURES / VISITOR RESTRICTIONS / OTHER SIGNFICANT SERVICE CHANGES

This guidance is effective as of April 3, 2020. All changes to earlier guidance are noted in red.

- Providers should continue to notify BDDS of the following:

 Service or Site Closure / Suspensions
 - Visitor restrictions
 - Any significant change in service delivery, including change in service location. This does not include changes from face to face service delivery to telemedicine that information should be documented as directed below.

Providers should e-mail the following details to either their Local District Manager or to BQIS.Help@fssa.in.gov:

- Specific services impacted
- Number of individuals impacted for each service
- Estimated closure duration and reason if unknown, discuss plan to evaluate ability to reopen and frequency of
 evaluation
- Reason for Closure Preventative or Confirmed Case
- Alternate Planning, if any
- How individuals and families are / will be notified

INCIDENT REPORTING GUIDANCE

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Incidents related to alleged abuse, neglect or exploitation must still be reported within 24 hours from incident occurrence or point reporter becomes aware of occurrence.

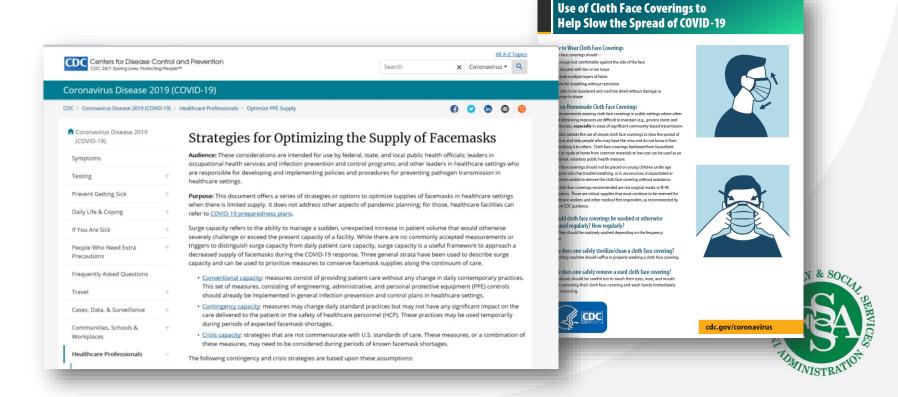
BDDS Provider COVID-19 Policy Guidance, as of 04/03/20



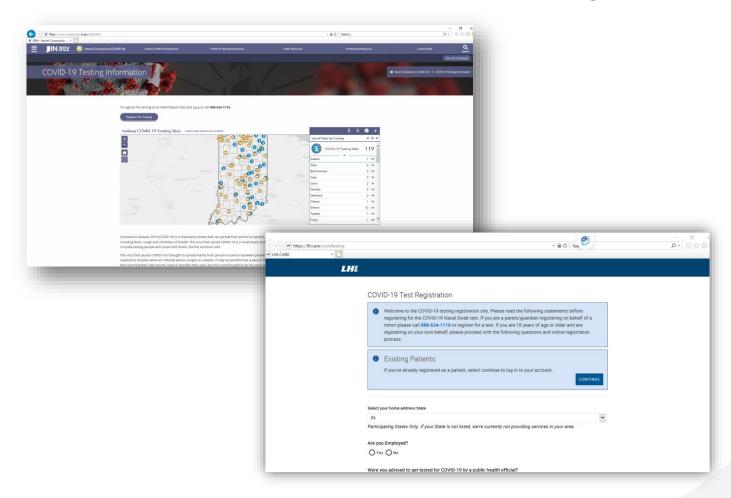
https://www.in.gov/fssa/ddrs/5762.htm

Updates and Discussion: Clarification on Use of Masks

 Surgical masks have been recommend for use by direct support professionals. If surgical masks are not available, providers are encouraged to follow CDC Strategies for Optimizing the Supply of Facemasks



Updates and Discussion: Back on Track Testing Information





Updates and Discussion: Reminders

- All congregate residential settings supported by BDDS are required to report any employee who tests positive for COVID-19.
- Employee-specific reporting shall be submitted using our <u>online COVID-19 Employee Reporting Form</u>



Updates and Discussion: Appendix K - Recap of the Basics

- Appendix K is temporary
- Flexibilities are ONLY available when the need is related to COVID-19 as defined
- Flexibilities do <u>not</u> replace existing allowances under the currently approved waivers
 - Parents/step-parents/guardians as paid caregivers of adult children
 - Right to choose and change services and providers at any time
- There are no exceptions for utilizing the flexibilities in Appendix K
 - Case managers should work with families to determine other resources, including natural supports, are available

Scenario 1: Description

- Anna is 24 yrs old and lives in a waiver setting with 2 other individuals.
- Anna and her parents felt she would be safer to go home with her parents during the public health emergency and she plans to stay there at least a few months.
- Anna contacted her case manager to tell her of this decision and said that she and her parents do not want services to be provided in the family home at this time.
- The case manager informed Anna that this was okay and suggested that the team meet to discuss the decision and make appropriate plans.
- Anna was agreeable to this, so the case manager arranged an IST meeting later that week. The team met via telephone and was supportive of the individual and family's decision.
- The team discussed the possibility of some services being delivered via telemedicine if Anna and her parents would want to explore that option.
 At this time they do not want wish to pursue that option.
- Anna and her family want to continue the case management service but would like contact to be virtual as opposed to in-person during the public health emergency.

Scenario 1: Conclusion

- The case manager did not change the services on the CCB nor was there a need to interrupt the waiver since case management will continue and the plan is for Anna to return to her home\waiver setting.
- Anna continues to pay her share of rent and expenses in order for her home to be maintained.



Scenario 2: Description

Johnny, is an eighteen year old receives supports through the CIH. He is also still in school. He currently receives 25 hours of RHS, 10 hours of CHIO, and Behavior Management on his plan. His parents are essential workers and are not able to be at home during the day. Johnny would like to maintain some independence while his parents are at work and school is not in session. The family contacts Johnny's case manager to discuss the options they have. The case manager explains that CHIO can temporarily be delivered in the family home as is allowable under the Appendix K flexibilities and that Behavior Management can also be provided via telemedicine under the current flexibilities. The family does not feel comfortable having staff in the home to provide CHIO or RHS at this time but have agreed that Behavior Management can be delivered through telemedicine to continue to support Johnny. The case manager also discusses the fact that under the current service definitions, the parents could become the RHS and CHIO staff. The parents decide they do not wish to take on this role.

Fast Facts

- Johnny's parents are choosing to not allow staff in the home.
- Family agrees with use of Behavior Supports via telemedicine
- Johnny's parents do not wish to become paid staff.
- No other flexibilities are being explored at this time



Scenario 2: Conclusion

The case manager uses the integrated support star to explore other support options that may be available to Johnny at this time.

Personal Strengths and Assets: The case manager, Johnny and his parents discuss that Johnny is able to stay by himself for short periods of the day.

Relationships: Johnny has a good relationship with a neighbor who can serve as an emergency contact if Johnny would need help when he is alone.

Technology: The family has a computer and stable internet access. Johnny also has a smart phone. The case manager and family explore and download an app that allows for GPS tracking to help parents feel more comfortable about leaving him by himself. They also move the face time app to his home screen so that he can easily find it and video chat with his parents throughout the day. Lastly they download an app that has reminders for Johnny throughout the day to complete chores, self-care, and virtual appointments.

Scenario 2: Conclusion

Community: Johnny's CHIO staff would take him to the library where he enjoyed participating in their programs. Johnny, his parents and case manager explore what virtual programs Johnny may be interested in participating in during the day and add simple links to his schedule. The case manager also suggests that they meet with the CHIO provider to see if they are able to provide CHIO activities remotely to keep Johnny engaged and busy through the day.

Eligibility Specific: The case manager discusses that electronic monitoring/remote supports are currently available for individuals on the CIH who are 18. The parents and Johnny feel comfortable with this option and request the case manager update the CCB to reflect this change. As Johnny is due to graduate next year, they feel this would be a great opportunity to explore this service option. The IST convenes regularly (telephonically or virtually) to discuss Johnny's progress under some remote supports and address any ongoing needs at this time.

Scenario 3: Description

Jenny is an 8 yr old girl who receives the Family Support Waiver. Jamie receives PAC, Respite and Case Management. Jenny also attends an ABA center all day which has temporarily closed due to COVID-19. Jenny's parents have asked that her PAC and Respite staff not come to the home to provide services in an effort to maintain social distancing and keep their family safe. The parents contact the case manager and inquire about becoming Jenny's paid staff during this time.

Fast Facts:

- Jenny was receiving PAC prior to COVID-19
- Jenny's parents have requested no staff to come in the home.

The case manager works through the questions provided in the temporary guidance to determine if Jenny and her family meet the criteria for the Appendix K flexibility.

Scenario 3: Conclusion

Is the disruption in current services due to COVID-19 that creates an immediate need for intervention and response to ensure their health, safety and well-being?

- Has the waiver provider suspended services due to COVID-19? No. The provider of PAC services has not indicated a change in their service delivery that includes no longer sending regular staff to the home.
- Is the current staff not providing services because they have been exposed or are ill with COVID-19? **No**
- Has the primary caregiver or legal guardian has been exposed or is ill with COVID-19? No
- Is the individual receiving waiver services has been exposed or is ill with COVID-19? No

The case manager shares with Jenny's parents that their situation does not meet the criteria to utilize the temporary Appendix K allowance for parents to be paid caregivers of minor children.



Scenario 3: Conclusion

Is the service critical to the health, safety and well-being of the individual?

• The case manager recognizes that PAC and Respite can be a vital service to Jenny and her parents and therefore explains that PAC and Respite staff are considered essential employees therefore do not have to adhere to any stay at home order. The case manager suggests that they call a team meeting so that Jenny can discuss with her PAC and Respite providers what her concerns are and discuss what types of preventative measures the provider is putting in place to ensure the health of their staff and the families in services.

Use the Integrated Support Star, or other similar tool, to identify other appropriate alternatives that are available to support the individual including other HCBS services, natural supports, technology, etc.

• The case manager uses the integrated supports star to explore what other options may exist to support Jenny and her family during this time. During this discussion the case manager learns that the family is having financial difficulties arising from lost work due to COVID-19. The case manager provides the parents with the appropriate information and resources on how to obtain assistance with food, utilities and rent.

Scenario 3: Conclusion

Is the temporary, immediate need for intervention and response fall within the purpose and guidelines of home and community-based waiver services?

 The discussions and solutions that the case manager and mom have discussed fall within the purpose of HCBS waivers.

Determining what support options should be explored during COVID-19 public health emergency.

The case manager discusses with mom that ABA is not a
waiver service and that she should work with her center to
see if they are using any alternative means to provide ABA
during this time.



BDDS / BQIS Questions:
 BQIS.Help@fssa.in.gov

